

**FILE NOW: FILING FEE AFTER MAY 1ST IS \$550.00**

**FILED**  
**Feb 16 1998 8:00am**  
**Secretary of State**

PROFIT CORPORATION ANNUAL REPORT <b>1998</b>		FLORIDA DEPARTMENT OF STATE <b>Sandra B. Mortham</b> Secretary of State DIVISION OF CORPORATIONS
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**DOCUMENT # L48302 (8)**

1. Corporation Name  
**ARCHITECTURAL SPECIALTIES TRADING CO.**



Principal Place of Business <b>C/O JAMES E. FLOURNOY                  P.O. BOX 11154                  PENSACOLA FL 32524-8154</b>	Mailing Address <b>C/O JAMES E. FLOURNOY                  P.O. BOX 11154                  PENSACOLA FL 32524-8154</b>
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3. Date Incorporated or Qualified  
**01/30/1990**

2. Principal Place of Business 21 <b>310 Hickory St</b> Suite, Apt. #, etc. 22 City & State 23 <b>Pensacola, Fl.</b> Zip Country 24 <b>32505</b> 25	2a. Mailing Address 26 <b>310 Hickory St</b> Suite, Apt. #, etc. 27 City & State 28 <b>Pensacola, FL.</b> Zip Country 29 <b>32505</b> 30
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4. FEI Number <b>59-2986941</b>	Applied For <input type="checkbox"/> Not Applicable
5. Certificate of Status Desired <input checked="" type="checkbox"/>	<b>\$8.75</b> Additional Fee Required
6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/>	<b>\$5.00</b> May Be Added to Fees
8. This corporation owes or has paid the current year Intangible Personal Property Tax due June 30. <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	

9. Name and Address of Current Registered Agent

**FLOURNOY, JAMES E.  
 5 SABINE DR.  
 PENSACOLA BCH. FL 32561**

10. Name and Address of New Registered Agent

81 Name  
 82 Street Address (P.O. Box Number is Not Acceptable)  
 83  
 84 City **FL** 85 Zip Code

11. Pursuant to the provisions of Sections 607.0502 and 607.1508, Florida Statutes, the above-named corporation submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. Such change was authorized by the corporation's board of directors. I hereby accept the appointment as registered agent. I am familiar with, and accept the obligations of, Section 607.0505, Florida Statutes.

SIGNATURE *James E. Flournoy* DATE **2-9-98**

(Signature, typed or printed name of registered agent and title, if applicable. (NOTE: Registered Agent signature required when reinstating.)

12. OFFICERS AND DIRECTORS		DELETED
TITLE	<b>PDT</b>	<input type="checkbox"/> DELETE
NAME	<b>FLOURNOY, JAMES E.</b>	
STREET ADDRESS	<b>5 SABINE DR.</b>	
CITY-ST-ZIP	<b>PENSACOLA BCH. FL 32561</b>	
TITLE	<b>VSD</b>	<input type="checkbox"/> DELETE
NAME	<b>FONTENOT, WILLIAM S</b>	
STREET ADDRESS	<b>100 AVENIDA 23</b>	
CITY-ST-ZIP	<b>PENSACOLA BCH. FL 32561</b>	
TITLE		<input type="checkbox"/> DELETE
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> DELETE
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> DELETE
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12		Change	Addition
1.1 TITLE		<input type="checkbox"/>	<input type="checkbox"/>
1.2 NAME			
1.3 STREET ADDRESS			
1.4 CITY-ST-ZIP			
2.1 TITLE		<input type="checkbox"/>	<input type="checkbox"/>
2.2 NAME			
2.3 STREET ADDRESS			
2.4 CITY-ST-ZIP			
3.1 TITLE		<input type="checkbox"/>	<input type="checkbox"/>
3.2 NAME			
3.3 STREET ADDRESS			
3.4 CITY-ST-ZIP			
4.1 TITLE		<input type="checkbox"/>	<input type="checkbox"/>
4.2 NAME			
4.3 STREET ADDRESS			
4.4 CITY-ST-ZIP			
5.1 TITLE		<input type="checkbox"/>	<input type="checkbox"/>
5.2 NAME			
5.3 STREET ADDRESS			
5.4 CITY-ST-ZIP			
6.1 TITLE		<input type="checkbox"/>	<input type="checkbox"/>
6.2 NAME			
6.3 STREET ADDRESS			
6.4 CITY-ST-ZIP			

14. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(i), Florida Statutes. I further certify that the information indicated on this annual report or supplemental annual report is true and accurate and that my signature shall have the same legal effect as if made under oath; that I am an officer or director of the corporation or the receiver or trustee empowered to execute this report as required by Chapter 607, Florida Statutes; and that my name appears in Block 12 or Block 13 if changed, or on an attachment with an address.

SIGNATURE: *James E. Flournoy*

**2-9-98**

CP2E034 (10/97)